

Benefit Plans Highlights

| Description | Bronze | Silver | Gold | Gold Plus | Platinum | Platinum Plus | Platinum Evercare |
|--------------------|----------|----------|----------|-----------|------------|---------------|-------------------|
| Premium Individual | ₦48,000 | ₦60,000 | ₦79,000 | ₦120,000 | ₦300,000 | ₦720,000 | ₦1,200,000 |
| Premium Family | ₦240,000 | ₦288,000 | ₦396,000 | ₦600,000 | ₦1,500,000 | ₦4,140,000 | ₦6,900,000 |

Out-Patient Services

| Out-Patient Limit | Up to ₦162,000 | Up to ₦219,000 | Up to ₦270,000 | Up to ₦426,000 | Up to ₦564,000 | Up to ₦840,000 | Up to ₦1,200,000 |
|-------------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|
|-------------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|

| Outpatient Care, General and Specialist Consultation | | | | | | | |
|--|---|---|---|---|---|---|---|
| Cardiologist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Cardiothoracic Surgeon | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dermatologist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dietician/Nutritionist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Endocrinologist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| ENT Surgeon (Otorhinolaryngologist) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family Physican | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Gastroenterologist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| General Surgeon | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Gynaecologist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Hematologist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Neonatologist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nephrologist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| Description | Bronze | Silver | Gold | Gold Plus | Platinum | Platinum Plus | Platinum Evercare |
|--|--------|--------|------|-----------|----------|---------------|-------------------|
| Neurologist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Neurosurgeon | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Obstetrician | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Oncologist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Oral and Maxillofical Surgeon | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Orthopedic Surgeon | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Pathologist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Pediatrician | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Psychiatrist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Pulmonologist/ Respiratory Physican | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Urologist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Prescribed medications, Supply of Drugs and Consumables | | | | | | | |
| Prescribed Drug | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Surgical Consumables | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Invasive Case | | | | | | | |
| Injecton | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Manipulations | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| POP Applications | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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|--|--------|--------|------|-----------|----------|---------------|-------------------|
| Skilled Nursing Care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Wound Dressing | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ear, Nose and Throat Services | | | | | | | |
| Basic ENT Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Laboratory Investigation Microbiology, Serology, Hematology, Chemistry, Hemotological, Tests. | | | | | | | |
| Blood Film | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Blood group (on request by clinician) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Blood pregnancy (Beta HCG) Test | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Erythrocyte Sedimentation Rate (ESR) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Full Blood Count and Differentials (FBC) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Genotype(on request bt Clinician) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Grouping and Cross Matching | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Hemoglobin(HB), HCT, RBC | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| MCH | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| MCHC | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| MCV | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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|--|--------|--------|------|-----------|----------|---------------|-------------------|
| Packed Cell Volume (PCV) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Platelet Count | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Red Blood Cell/ Reticulocyte count | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| White Blood cell count | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| White cell count (Total and Differential) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chemistry Investigation | | | | | | | |
| 2Hours Post-Prandial Blood Sugar | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Electrolytes, Urea and Creatine | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Fasting Blood Sugar | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Glucose Challenge Test | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Liquid Profile(Fasting) (Cholesterol, HDL, LDL, Triglyceride Profile) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Liver Function Test | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Oral Glucose Tolerance Test (OGTT) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Prothrombin Time (PT/INR) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Random Blood Sugar | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Acid Phosphate | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Albumin | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Alkaline Phosphate | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Bicarbonate | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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|---|--------|--------|------|-----------|----------|---------------|-------------------|
| Serum Bilirubin (Total and Direct) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Calcium | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Chloride | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Gamma Glutamyl Transferase | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Inorganic Phosphate | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum lactate Dehydrogenase | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Lithium | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Magnesium | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Potassium | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Sodium | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Urine Pregnancy Test | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Microbiological And Parasitology | | | | | | | |
| Aspiates M/C/S | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Blood Culture | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Cholera Ag | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ear Swab M/C/S | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Endocervial Swab (ECS) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| H.Pylori | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| High Vaginal Swab (HVS) M/C/S | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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|--|--------|--------|------|-----------|----------|---------------|-------------------|
| Leishmania Screening | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Malaria Parasite (MP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mantoux/ Heap's test | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Skin Scrapping For Fungi | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Skin Snip for Microfilaria | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sputum M/C/S, AFB | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Stool M/C/S | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Stool Occult Blood | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Throat Swab M/C/S | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Toxoplasma Screening | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Trypanosome Screening | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Urethral Swab M/C/S | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Urine M/C/S | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| VDRL (Venereal Disease Research laboratory) Test | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Wound Swab M/C/S | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Advanced laboratory Investigation/ pathol OGY | | | | | | | |
| Alpha-1 Antitrypsin | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| HBA1C | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 24Hours Creatinine Clearance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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|-------------------------------------|--------|--------|------|-----------|----------|---------------|-------------------|
| Bleeding Time | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Blood Urea Nitrogen | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chlamydia Screening | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Clotting Time | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Coomb's Test (Direct) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Coomb's Test (InDirect) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Creatinine Phosphokinase | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| CSF M/C/S (CSF Analysis) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| D-Dimer | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| G-6PD Screening | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Hepatitis B Screening | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Hepatitis B Surface Antigen (HBSAg) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Hepatitis C Screening | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| HIV Confirmatory Test | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| HIV Screening | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Immunofluorescence Assay | ✗ | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ |
| Osmotic Fragility Text | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Pap Smear and Cytology | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Prostate Specific Antigen | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Protein Electrophoresis | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ |

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| Semen M/C/S | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Seminal Fluid Analysis (SFA) | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Creatinine Phosphokinase | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serum Immunoglobulium/ Antibodies | ✗ | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ |
| Serun Iron | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serun Uric Acid | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sputum Acid Fast Bacilli (AFB) Test | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Syphills Screening | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Thyriod Functions Test | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Radiology Investigation (X-Ray and ultrasound) Basic Diagnostic Imaging | | | | | | | |
| Abdominal X-rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Cerival Spine X-rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chest X-rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Limbs(hand, Forearm, Upper arm, Thigh and Leg) X-rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Lumbosacral X-Rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Manibls/ Temporomandi bular Joint X-rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mastoid X-rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Neck X-rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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|---|----------------|----------------|----------------|-----------------|-----------------|------------------|-------------------|
| Pelvic X-rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sinus X-rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Skull X-rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Thoracic Inlet X-rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Thoraco-Lumbar X-rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| X-Rays of All Body Joints | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Routine Ultrasound Scans (Obstetrics; Abdominal, pelvic, Abdominopelvic, breast, testicular/ Scrotal, thyroid, Prostate, Bladder, and Brain Ultrasound Scan | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Advanced Diagnostic Imaging | | | | | | | |
| Doppler Ultrasound Scan | × | × | ✓ | ✓ | ✓ | ✓ | ✓ |
| Arthroscopy | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Bronchoscopy | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Colonoscopy | × | × | × | ✓ | ✓ | ✓ | ✓ |
| CT Scam | Once per Annum | Once per Annum | Once per Annum | Twice per Annum | Twice per Annum | Thrice per Annum | Thrice per Annum |
| Cystoscopy | × | × | ✓ | ✓ | ✓ | ✓ | ✓ |
| ECG(Pre and Posr Exercise) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Echocardiography | × | × | × | ✓ | ✓ | ✓ | ✓ |

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|---|----------------|----------------|----------------|-----------------|-----------------|------------------|-------------------|
| Endoscopic retrograde cholangiopancreatography (ERCP) | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Endoscopic Ultrasound | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Enteroscopy | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Gastroscopy | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Hysteroscopy | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Laparoscopy | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Laryngoscopy (Direct and Indirect) | × | × | × | ✓ | ✓ | ✓ | ✓ |
| MRI | Once per Annum | Once per Annum | Once per Annum | Twice per Annum | Twice per Annum | Thrice per Annum | Thrice per Annum |
| Proctoscopy | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Sigmoidoscopy | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Thoracoscopy | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Upper GI Endoscopy | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Family Planning | | | | | | | |
| IUCD (Lippes loop) | × | × | ✓ | ✓ | ✓ | ✓ | ✓ |
| IUCD (Mirena Coil) | × | × | × | × | ✓ | ✓ | ✓ |
| Pills/IUCD (copper T) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Injectable | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Norplant | × | × | × | ✓ | ✓ | ✓ | ✓ |

| Description | Bronze | Silver | Gold | Gold Plus | Platinum | Platinum Plus | Platinum Evercare |
|--|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Neonatal Care | First 4 Weeks After Birth | First 4 Weeks After Birth | First 4 Weeks After Birth | First 4 Weeks After Birth | First 4 Weeks After Birth | First 4 Weeks After Birth | First 4 Weeks After Birth |
| First dose of Immunization for new born with first 4 weeks after birth | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Circumcision (Up to In-patient Limit) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ear Piercing, Exchange Blood Transfusion (up to In-Patient Limit) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Special Baby Care Unit (NiCU, Photography, Incubator Care) Up to InPatient Limit | 24 Hours | 24 Hours | 48 Hours | 48 Hours | 48 Hours | 72 Hours | 72 Hours |
| Immunization - Included in Out-Patient Limit | | | | | | | |
| BCG | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Oral Polio | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Vitamin A, Measles | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Pentavalent (DPT, Hib, HepB) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Yellow Fever | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| MMR, Rotavirus | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chicken Pox | ✗ | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ |
| Pneumococcal Conjugate | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ |

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Neonotal Care | First 4Weeks After Birth | First 4Weeks After Birth | First 4Weeks After Birth | First 4Weeks After Birth | First 4Weeks After Birth | First 4Weeks After Birth | First 4Weeks After Birth |
| First dose of Immunization for new born with first 4 weeks after birth | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Circumcision (Up to In-patient Limit) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ear Piercing, Exchange Blood Transfuson (up to In-Patient Limit) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Special Baby Care Unit (NiCU, Photography, Incubator Care) Up to InPatient Limit | 24 Hours | 24 Hours | 48 Hours | 48 Hours | 48 Hours | 72 Hours | 72 Hours |
| Immunization - Included in Out-Patient Limit | | | | | | | |
| BCG | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Oral Polio | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Vitamin A, Measles | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Pentavalent (DPT, HIB, HepB) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Yellow Fever | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| MMR, Rotavirus | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chicken Pox | ✗ | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ |
| Pneumococcal Conjugate | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ |

| Description | Bronze | Silver | Gold | Gold Plus | Platinum | Platinum Plus | Platinum Evercare |
|--|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|----------------------------|----------------------------|
| Psychiatric Treatment | Up to 7Days (Out-patient) | Up to 7Days (Out-patient) | Up to 7Days (Out-patient) | Up to 7Days (Out-patient) | Up to 7Days (Out-patient) | Up to 14Days (Out-patient) | Up to 14Days (Out-patient) |
| In-Patient Services | | | | | | | |
| In-patient Limit | Up to N660,000 | Up to N840,000 | Up to N1,020,000 | Up to N1,260,000 | Up to N1,860,000 | Up to N2,400,000 | Up to N3,000,000 |
| In-Patient Care, General and Specialist Consultation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Admission | max 30days | max 35days | max 40days | max 50days | max 60days | max 65days | max 70days |
| Feeding for enrolees on admission | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Hospital Ward Care | General Ward only | Semi-Private Ward | Private Ward | Private Ward | Private Ward | Private Ward | Private Ward |
| Skilled Medical and Paramedical Service | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Supply of prescribed Intraenous/ Intramusclar oral and topical drugs | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Supply of all medical and Surgical Consumables | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Blood grouping, cross matching and transfusion | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Accomodation for in-patient care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Prescribed Medications, Supply of drugs & Consumables | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| intensive Care Unit (ICU) In-Patient Limit | 24 Hours | 24 Hours | 48 Hours | 48 Hours | 48 Hours | 72 Hours | 72 Hours |

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|---|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|---------------------|
| Laboratory Investigation Diagonstic Tests | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Radiology Investigation (X-Rays and Ultrasound) Advanced and Complex Investigation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| CT Scan | Once per Annum | Once per Annum | Once per Annum | Twice per Annum | Twice per Annum | Thrice per Annum | Thrice per Annum |
| MRI | Once per Annum | Once per Annum | Once per Annum | Twice per Annum | Twice per Annum | Thrice per Annum | Thrice per Annum |
| Physiotherapy Services | | | | | | | |
| Physiotherapy (Up to Approved limits) | 3 sessions | 5 sessions | 6 sessions | 8 sessions | 10 sessions | 10 sessions | 12 sessions |
| Prescribed Therapeutic Appliances (Cervical Collar, Crutches) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Accidents and Emergencies | | | | | | | |
| Evacuation from hospital to hospital (by road) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Evacuation from site to Hospital (Road) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Obstetrics and Gynaecology services | | | | | | | |
| Antenatal + Delivery + Post (Limit Included in In-patient Delivery care block Limit) | N180,000 | N240,000 | N300,000 | N360,000 | N480,000 | Up to N600,000 | Up to N720,000 |
| Antenatal Care Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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|---|--|--|--|--|--|--|--|
| Consultation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ultrasound Scans | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Laboratory Tests | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Management of Complications in Pregnancy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Delivery Room Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Management of Labour | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Normal par Vaginum Delivery | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Caesaren Section Delivery | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Assisted Delivery (Vacuum Forceps) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Investigation For Infertility Laparocopy - Included in Consultation, Counseling, USS, SFA, HORMONE Profile, Out-patient Limit | × | × | Up to N25,000 | Up to N67,000 | Up to N80,000 | Up to N100,000 | Up to N150,000 |
| Surgeries(Minor -Major Surgeries) Included in In-Patient Limit | | | | | | | |
| Surgeries (Minor - major Surgeries) - Included in In-Patient Limit Minor, Intermediate and Mojoor Surgeries | Up to Annual Surgery Limit of N240,000 | Up to Annual Surgery Limit of N300,000 | Up to Annual Surgery Limit of N360,000 | Up to Annual Surgery Limit of N420,000 | Up to Annual Surgery Limit of N600,000 | Up to Annual Surgery Limit of N720,000 | Up to Annual Surgery Limit of N1,200,000 |

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|--|--------|--------|------|-----------|----------|---------------|-------------------|
| Other Services HIV/AIDS Care and treatment at Designated Center | | | | | | | |
| Specialist Consultation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Specialist Drug Therapy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Conselling Sessions | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Tuberculosis Care and Treatment at Designated Centers | | | | | | | |
| Specialist Consultation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Specialist Drug Therapy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Conselling Sessions | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| COVID-19 Care | | | | | | | |
| Testing at designated referral centers (NCDC) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Second Option | | | | | | | |
| Diagnosis Confirmation from Secondary and tertiary care Centres | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Line of treatment confirmation from secondary and tertiary care centres | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Line of treatment confrimation from Internationally Certified Medicla and surgical Specialist outside Africa | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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|--|----------------|----------------|----------------|----------------|----------------|----------------|-------------------|
| Annual Health Checks For Principal only (Done during Health Week) | | | | | | | |
| BMI Check | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| General Physical Examination | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Blood Pressure Check (Hypertension Screening) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Blood Sugar Check (Diabetes Screening) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Urinalysis | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| ECG | × | × | ✓ | ✓ | ✓ | ✓ | ✓ |
| Blood Cholesterol Check | × | × | ✓ | ✓ | ✓ | ✓ | ✓ |
| Genotype | × | × | × | ✓ | ✓ | ✓ | ✓ |
| Mammography (For women >= 40years) | × | × | × | × | ✓ | ✓ | ✓ |
| Pap Smear | × | × | × | × | ✓ | ✓ | ✓ |
| PSA Check (For Men >= 40years of age) | × | × | × | × | ✓ | ✓ | ✓ |
| Ophthalmological Service | | | | | | | |
| Eye Care | N12,000 | N18,000 | N24,000 | N30,000 | N48,000 | N96,000 | N180,000 |
| Foreign Body Removal | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Stye Incision | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Entropion and Ectropion Repairs | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chalazion Incision | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| Description | Bronze | Silver | Gold | Gold Plus | Platinum | Platinum Plus | Platinum Evercare |
|---|---------|---------|---------|-----------|----------|---------------|-------------------|
| Syringing and Probing | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Eye Examination Refraction | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Condition - Allergies, Conjunctivitis, Pterygium Excision | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Eye Surgeries (up to Annual Surgery Limit) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Frames/ Lenses once in Two years - Included in Out-Patient Limit | N6,000 | N9,000 | N12,000 | N18,000 | N24,000 | N48,000 | N96,000 |
| Dental Services | N12,000 | N24,000 | N36,000 | N48,000 | N60,000 | N120,000 | N180,000 |
| Dental Care (Block Limit) Included in Out Patient Limit | | | | | | | |
| Primary Dental Care - Relief of Pain, Fillings Simple Extraction, Preventive Care, (Scaling and polishing - Once a year for Enrolees 12 years and above | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Secondary Dental Care (Surgical Extraction) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Examination of Dentition | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Root Canal Therapy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| X-Rays | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Peri-Apical | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Bite Wings | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |